	ime National G	Guard Du	ty (FTNGD)		T Change #1	I dtd 1 Decemb	er 2008	
NAME:				SSN:				
UNIT Name:				UIC:				
UNIT POC:		POC PHO		POC EN	/IAIL:			
	START DATE		END DATE			NO. DAYS		
TOTAL ACTIVE FEDERA			MONTHS:	DAYS:				
		IREMENT				YES	NO	DATE
1. FTNGD CHECKLIS	ST - (This checklist)						├ ──	-
2. SF 52 Completed I							<u> </u>	
3. DA Form 1058-R (J	Jul 93), APPLICATIO	N FOR ADSI	W TOUR				1	
	ks 02 – 24, Sign and Da must sign & date BLK 3		24, BN S1 comple	tes BLK 25-36d				
	Query attached to DA 095 cumulative days A			•	neriod			
4. MEDPROS IMR Re		3 Over the pre	vious 4 yr period i	nciualing requested	репои			1
	ount/ My Medical/ My Med	dical Readiness	s/ View Detailed Info	ormation/ IMR Record	d)		1	
(Ensure MED DET upda All info MUST be up	ates your MEDPROS) odated, if not UNIT need	ls to get info to	n Med Det to unda	ate			1	
	red for soldiers w/ perm	-						
	3 physical on MEDPRO							
•	ore than 5 years old as Limitations (Must be all						├──	
· · · · · · · · · · · · · · · · · · ·	n MEDPROS print out	~ /	of start date)					
5. PREGNANCY TES	T (HCG SCREEN WITH-I	N 15-DAYS of S	START DATE) (IF AI	PPLICABLE)				
6. FEDERAL TECHNI	ICIAN (Permanent, Inde	finite, Tempora	ary) (IF APPLICABLE	E)				
7. SM understands th	hat the ADOS Tour	can be term	inated for any r		t notice			
and is always subj	ject to the availabili	-		ry limited emple	ymont		 	
	him/her to automat				Jyini c nt			
9. DA FORM 5500 / 5		OR Certified	Height/Weight	if With-in Screen	ing			
Table Weight AR 6 10. PQR-B (CURRENT)								+
	, st be updated OR supp	orting Docs at	tached to packet				<u> </u>	
	T Scorecard (PT Test		nore than 12 Mos (Old)				
	Must not be within 6 mos							+
Not more than 30 da		JIAILMENI)						
A. 1405 - Time W								
12. 18 Year Lock-in (SA	ve over 17 years of AS a			S during tour				+
must get a waiver	from the Director of the	he ARNG (pri	or to orders bein	g published)				
13. SM will not be place	ed on ADOS orders th approved by the DAR		them for separa	tion pay as a resu	It of duty			
14. I have NOT serve			(ADSW/ADOS)	Active Federal S	Service			
•	95 cumulative days		•	• •	years)		1	
15. Counseling Form	2004 (Military Servi	ce in other o	components is i	not counted).			 	
	soldier. Part 2 must be	signed and da	ated by soldier and	d supervisor.			1	
16. UNIT COMMANDI	ER'S RECOMMEND	ATION (Not	older than 30 d	ays)				
		·	Remar	ks				ē.
		-			<u> </u>	-		

REQUEST FOR PERSONNEL ACTION

PART 8 - Requesting Office (Also complete Part B, Herms 1, 7-22, 32, 33, 36, and 39.) 1. Action Requested 3. For Additional Information Cell Pharme and Telephane Number 5. Action Requested By (Typeet Name, Title, Signature, and Request Date 6. Action Authorized by (Typeet Name, Title, Signature, and Request Date 6. Action Authorized by (Typeet Name, Title, Signature, and Request Date PART 8 - For Preparation of SF 50 (Use only codes in FPM Supplement 292.1. Show all dates in month day year order.) 1. Name (Aut., First, Medic) FIRST ACTION 5. Code (5-8. Nature of Action 6. A. Code (6-8. Nature of Action 6. A. Code (6-8. Nature of Action 6. C. Code (6-9. Legal Authority 6. C. Code (6-9. Legal Authority 7. FROM: Position Title and Number 15. 10: Position Title and Number 16. Action Separation of Position of P												
3. For Additional Information Call (Name and Talephone Namber) 5. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 5. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 5. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 6. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 7. Board Security Number 7. Board Security Number 8. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 8. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 8. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 8. Action Requested By (Typed Name, Tible, Signature, and Request Delice) 9. Social Security Number 9. Soci		sting Office <i>(Also c</i>	omplete Part	B, Items 1	, 7-22, 32	2, 33, 36	s, and 39).)	2. Regu	est Number		
EMPLOYEE DATA 2. Station Regulated By (Typed Name, Tells, Signatum, and Regulate Date) 8. Action Regulated By (Typed Name, Tells, Signatum, and Regulate Date) 9. Action Regulated By (Typed Name, Tells, Signatum, and Regulate Date) 1. Name and Location of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.) 1. Name and Location of Sections 1. Action Regulated By (Typed Name, Tells, Signatum, and Regulate Date) 1. Name and Location of Regulated By (Typed Name, Tells, Signatum, and Regulate Date) 1. Name and Location Title and Number 1. Tells and Number 1. Tells and Number 1. Tells and Number 1. Name and Location of Position's Cigenatation 2. Name and Location Occupied Section												
PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.) 1. Name (Astro, Rest, Missia) 5. Code General Missian (Codes Code) 5. Code General Missian (Codes Code) 6. Code General Missian (Codes Codes Cod	3. For Additional Information	tion Call <i>(Name and Teleph</i>	one Number						4. Propos	sed Effective Date		
1. Name (Last, First), Middle) 2. Social Social Number 3. Date of Birth 4. Effective Date	5. Action Requested By (Typed Name, Title, Signatu	ire, and Request Da	et =	6. Action A	uthorized by	(Typed Nam	ne, Title, Signature,	oncur	rence Date)		
1. Name (Last, First), Middle) 2. Social Social Number 3. Date of Birth 4. Effective Date				\					ν			
1. Name (Last, First), Middle) 2. Social Social Number 3. Date of Birth 4. Effective Date												
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15. TO: Position Title and Number 16. Poyr Plan D												
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B. E. F. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date	1. Office/Function	Initials/Signat	ure	Date	Office/F	Function		Initials/Signature		Date		
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C. F. Signature Approval Date					1_							
2. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date	D.				[^{5.}							
2. Approval. I certify that the information entered on this form is accurate and that the	C.				F.							
					he Signature					Approval Date		

OVER

PART D - Remarks by Requesting Office							
(Note to Supervisors: Do you know of additional or conflicting reason of "YES", please state these facts on a separate			YES	NO			
							
PART E - Employee Resignation/Retirement							
TART L - Employee nesignation/nethement	Privacy Act	Statement					
You are requested to furnish a specific reason for your re	•	and agencies to issue regulations with reg	ard to em	nplovment of			
retirement and a forwarding address. Your reason may be any future decision regarding your re-employment in the Fernicus and the second	considered in	individuals in the Federal service and their recording requires agencies to furnish the specific real	ords, while :	section 8506			
and may also be used to determine your eligibility for un	nemployment	Federal service to the Secretary of Labor	or a State	e agency in			
compensation benefits. Your forwarding address will be us to mail you copies of any documents you should have or		connection with administration of unemp programs.	loyment c	compensation			
compensation to which you are entitled.	, , ,	The furnishing of this information is volunta	rv: howeve	er, failure to			
This information is requested under authority of sections 30 8506 of title 5, U.S. Code. Sections 301 and 3301 authority of sections 301 and 3301 authority of sections 301 and 3301 authority of sections 301 authority of sectio	1, 3301, and	provide it may result in your not receiving:	(1) your cop	oies of those			
8300 of title 5, 0.5. Code. Sections 301 and 3301 autilit	onze Orivi	documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be					
		entitled.					
1. Reasons for Resignation/Retirement (NOTE: Your reason				and			
avoid generalizations. Your resignation/retirement is effe	ective at the end	of the day - midnight - unless you specify otherwi	se.)				
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP	Code)				
PART F - Remarks for SF 50							

APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK, TEMPORARY TOUR OF ACTIVE DUTY, AND ANNUAL TRAINING FOR SOLDIERS OF THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE

For use of this form, see AR 135-200; the proponent agency is ODCSPER

		DATA REQUIRED BY TH	E PRIVAC	Y ACT OF 1974					
AUTHORITY:	10 USC 6	372(d) and USC 275.							
PRINCIPAL PURPOSE:		nine eligibility and schedule individua sted dates.	als for activ	e duty for special work or ac	ctive duty for training				
ROUTINE USES:		y the applicant as a Reserve Compo ty for training orders. The SSN is us			r for special work or				
DISCLOSURE:	Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.								
	PART I - A	APPLICANT (Read instructions in	n AR 135-2	00 before completing this	form.)				
1. TO (Include ZIP Code)	,								
Office of the Comman	ding Gene	eral, Kentucky ATTN: JFHQ-	-KYHRO						
100 Minuteman Parkw	ay, Build	ing 210							
Frankfort, KY 40601									
2. NAME (Last, First, MI,)		3. SSN						
•									
4a. PERMANENT HOME	ADDRESS	(Include ZIP Code)		RESS FROM WHICH YOU from permanent home addre	WILL REPORT FOR DUTY (If ess) (Include ZIP Code)				
4b. HOME TELEPHONE	NUMBED	(Include executed)	EL HON	SE TELEBUONE NUMBER	(Institute executed)				
40. HUME TELEPHONE	NUMBER	(Include area code)	50. HOIVI	IE TELEPHONE NUMBER	(Include area code)				
4c. BUSINESS TELEPHO	ONE NUME	BER (Include area code)	5c. BUSI	INESS TELEPHONE NUME	BER (Include area code)				
6. UNIT OF ASSIGNMEN	Γ OR ATT <i>E</i>	ACHMENT	7. GRAD	E	8. BRANCH				
9. SEX Male F	- emale	10. DOB	11. MAR	ITAL STATUS	12. NO. OF DEPENDENTS				
13. PRIMARY SSI (AOC)	/MOS	14. DUTY SSI (AOC)/MOS	15. HEIG	:HT	16. WEIGHT				
17. lam lam		wing a pension, disability compensa retired pay from the U.S. Governmen							
19. FOR INDIVIDUAL MC	BILIZATIO	ON AUGMENTEES ONLY: THIS A	PPLICATION	ON IS FOR (Check one)					
☐ IMA A	Δ Τ	ADT in lieu	of IMA AT		Additional ADT				
20. DATES OF ADSW/TT	AD/ADT/A	T REQUESTED							
	a. FIRST (b. SECOND	CHOICE				
NUMBER OF DAYS		BEGINNING DATE/TIME	NUMBER	R OF DAYS	BEGINNING DATE/TIME				
LOCATION	•		LOCATIO	N					
DUTY/TRAINING AGENC	Y		DUTY/TR	AINING AGENCY					
21. To the best of my kn	owledge a	and belief, I am physically qualifie	ed for activ	ve military duty. I was					
a. LAST EXAMINED ON			b. AT						
22. SIGNATURE			23. DATE						

24. REMARKS								
I understand that although a 10 USC 1293, 3911, or 391 continued retention on activand Reserve Affairs). I her	4, it is curve duty is	rent Army policy considered in the	that I wi e best in	ll be releas terest of th	ed from active ne Army by the	duty at the completion Assistant Secretary of	of my to	our unless
						(Signature of applied	nt)	
						(Signature of applica	nt)	
25. PAY ENTRY BASIC D.	ATE.	26. SECURITY			DS CUSTODIA 27. PROMOT		20 D	ATE OF RANK
25. PAT ENTRY BASIC D.	AIE	20. SECURITY	CLEAR	ANCE	CONSIDERA		20. Di	ATE OF KAINK
29. RYE DATE		30. ETS (Enlis	ted)		31. MANDAT DATE (Office	ORY REMOVAL	32. UI	С
33. HIV TEST DATE								
34. PANOGRAPHIC				DENTAL X-RAY ON FILE YES				NO
35. List all previous AD, TT of tours, and HQ or agency	TAD, AT, A	ADT, IADT, and Aattached.	ADSW in	the previo	us and current	fiscal year showing inc	lusive d	lates, purpose
a. PERIOD O	F TRAINII	NG/DUTY			TRAINING/	c. LOCATION/		d. DUTY
FROM		ТО	NO. DAYS	DUTY (AD, TTAD, etc.)		INSTALLATION		PERFORMED
e. SIGNATURE OF UNIT (COMMAN	DER				f. DATE		
36a. NAME OF RECORDS	CUSTO	DIAN (First, Last	t, MI)			b. GRADE		
c. SIGNATURE		d. DATE						

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.

ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA									
Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling						
Organization		Name and Title of Counselor	r						

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Initial counseling prior to selection for a FULL TIME NATIONAL GUARD DUTY SPECIAL WORK (FTNGD-SW) position. The below listed are conditions of employment and must be acknowledged prior to starting the application process.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- 1. I understand, FTNGD-SW requires an application process that is my responsibility.
- 2. While on FTNGD-SW I willingly volunteer to attend IDT assemblies and Annual Training with my unit of assignment, I am responsible for any travel expenses incurred due to my attendance at unit assemblies and Annual Training. I further understand that I do not have to take accrued leave to attend unit assemblies.
- 3. Long and short FTNGD-SW tours are contingent on budget, if the budget that finances my tour falls short, my orders will be terminated.
- 4. While on long term FTNGD-SW orders (more than 29 days) I will accrue leave at the rate of 2.5 days per month which must be used prior to the last day of my long term orders or 29 September which ever happens first.
- 5. If I am required to attend other duty (voluntarily or involuntarily) relating to my unit of assignment, my FTNGD orders may be amended which will change my allowances resulting in a change to my total entitlement each month. (Based on PGM guidance)
- 6. FTNGD-SW is Full Time National Guard Duty Special Work, not AGR (Active Guard or Reserve), the same rules do not apply. All special privileges are at the discretion of the command with which you are working.
- 7. As a condition of employment, I am required to take and pass a semi annual (every 6 months) APFT (AR 350-41) and weigh-in (AR 600-9) with my unit of assignment. If I fail to achieve this condition I will be subject to involuntary separation from FTNGD-SW IAW
- 8. If for any reason I am unable to perform the duties that I was hired to perform, I will be placed on leave until my accrued leave is exhausted and my orders will be terminated.
- 9. If I am injured during the performance of duty or on off duty hours I must report the injury to my FTNGD-SW supervisor; it is my responsibility to obtain the medical care required to maintain my ability to be continued on FTNGD-SW orders.
- 10. I understand, if I am on FTNGD-SW orders, I am entitled to Tricare Standard (CHAMPUS) and dental coverage for myself through the MMSO. I also understand that I can sign up for Tricare Prime Remote (Medical Care) and United Concordia (Dental Care) for my family. (See Medical / Dental Sheet for instructions) I understand that if I have dental care provided without required preauthorization I may be responsible for the cost of the care.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below) FTNGD-SW Application Checklist 1. Complete all required entries on DA Form 1058-R JUL 93, by completing blocks 2-24, certify all information by signing and dating blocks 22 and 24. a. BDE/BN S1 completes blocks 25-36d. b. Obtain your unit commands signature in block 35e DA 1058-R. c. Request his/her letter of recommendation 2. From your unit of assignment a. Certified height/weight or DA 5500R. (Not more than 30 days old as of the start date) b. DA 705 (APFT Score Card), and DA 3349 (if applicable). (Record test with-in 12 months of start date) 3. After obtaining unit commander approval and recommendation a. Coordinate with Health Services for HIV and Pregnancy test as appropriate. Ensure your MEDPROS documentation is updated. b. Print your MEDPROS IMR Record. This can be obtained by accessing your AKO account / My Medical / My Medical Readiness / View Detailed Information / IMR Record 4. Turn in the aforementioned documentation to the Directorate / MACOM you intend to work for. This must come through your chain of command. 5. The Directorate / MACOM you are working for will review the application for content; finalize the required SF 52 justification memo. The Directorate / MACOM approving the tour will turn your packet into the HRO AGR Branch. 6. Failure to follow the above and attached instructions will slow down your application process. 7. I currently DO NOT have over 17 years AFS. I understand that Soldiers are in "sanctuary zone" upon reaching 18 yrs AFS. Soldiers that would attain that during an ADOS tour must get a waiver from the Director of the ARNG (prior to orders being published). NO EXCEPTIONS. 8. I AM NOT with-in six (6) months of my ETS (Enlisted) or MRD (Officer/Warrant). 9. I am / am not (circle) a Federal Technician. If yes, Permanent Federal Technicians will not participate in the ADOS program unless a waiver is approved by the Adjutant General prior to being placed on orders. 10. I have NOT served on any combination of FTNG (ADSW/ADOS) Active Federal Service for more than 1,095 cumulative days (three years) out of preceding 1,460 (four year -Rolling Window) since 28 October 2004 (Military service in other components is not counted). Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.) Individual counseled: I agree disagree with the information above. Individual counseled remarks: Signature of Individual Counseled: Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.) 1. Forward ADOS application through approval authorities to the applicable Directorate / MACOM to the HRO-AGR Branch. 2. Assist Soldier in the management of accrued leave by maintaining DA 481. 3. Ensure the Soldier obtains Active Duty ID Card and applies for the TRICARE Prime Remote for Self and Family. 4. Ensure ADOS orders are published prior to the start date of tour. 5. Ensure adequate physical fitness time is provided (3 - 5 hrs per week). Signature of Counselor: Date: PART IV - ASSESSMENT OF THE PLAN OF ACTION Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.) Counselor: Individual Counseled: Date of Assessment:

Note: Both the counselor and the individual counseled should retain a record of the counseling.

	INITIAL MEDICAL REVIEW - A	NNUAL MEDICAL CERTIFIC	ATE					
For use of this form, see AR 40-501; the proponent agency is OTSG								
DATA REQUIRED BY THE PRIVACY ACT OF 1974								
Authority	Section 133, Title 10, United States Co	de (10 USC 133).						
Purpose	The primary use of this information is to ensure uniformity in medical evaluation		ficient detail					
Routine Uses	Used to evaluate soldiers in terms of me require medical care or which may requi	. ,	•					
Disclosure	Disclosure The requested information is mandatory because of the need to document all medical incidents in view of future rights and benefits. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.							
	PART I COMPI	ETED BY SOLDIER						
Please o	check the appropriate response column for	each question below.	YES	NO				
1. Do you currently ha	ve any medical/dental problems?							
2. Have you had any m	nedical or dental problems since your last p	periodic physical examination?						
Have you been seen your last periodic ph	by or been treated by a dentist, physician sysical examination?	, or other health care provider since	е					
4. Have you been hosp	italized or had surgery since your last peri	odic physical examination?						
5. Are you currently ta examination?	Are you currently taking medication, or have you taken prescription medication since your last examination?							
	have you in the past received a VA Disabensation for health or physical reason?	ility, Workmen's Compensation, or						
O EVELAIN ANY DOCUM	TIVE ANOWERS SIVEN AROVE							
8. EXPLAIN ANY POSI	TIVE ANSWERS GIVEN ABOVE							
-	e information is true and correct to the bes y be cause for reassignment, discharge, or		stand that false sta	tements				
9. SSN	10. RANK/GRADE	11. MOS	12. DATE					
13a. PRINTED/TYPED I	NAME	13b. SIGNATURE						

	PART II CO	OMPLETE	D BY INITIAL REVIEWER						
14.	INITIAL REVIEWER'S NOTES								
15.	FULLY FIT REQUIRES	16. 9	SIGNATURE		17. DATE				
	FURTHER								
	EVALUATION								
10	PART III - PHYSICIAN'S REVIEW NOTES	COMPL	ETED BY PHYSICIAN						
10.	PHISICIAIN S NEVIEW NOTES								
19.	FIT UNFIT (USAR UNFIT	/Army	20. Complete "PULHES" using the		Τ	Τ.		_	
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		MDRB)	Capacity Guide in Table 7-1,						
	AR 40-501)		AR 40-501.						
21.	DA FORM 3349 IS ATTACHED	22. S	IGNATURE		23.	DA	ГΕ		
	YES NO								
		DI ETEN E	BY APPROVING AUTHORITY						
24.	MISCELLANEOUS RECOMMENDATIONS	FLETED E	ST AFFROVING AUTHORITY						
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